

## A Report on Traumatic Brain Injury in the Senior Citizens

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### BRIEF REPORT

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Traumatic Brain Injury (TBI) as a silent pandemic and there is a seemingly silent group inside this silent epidemic: older persons with TBI. Older age is a known variable that has a detrimental impact on outcome after TBI, but studies elucidating why this is the case, as well as information on age-appropriate management of senior patients with TBI, are lacking. Besides that, despite the fact that geriatric and neurotrauma researchers have identified the prognostic significance of preadmission functional ability, the presence of comorbidities, sex, and other factors such as Cerebral Perfusion Pressure (CPP) on recovery after illness or injury, these variables in older adults with TBI have received little attention. The omission of these characteristics in neuroscience research may explain why predicting outcomes and delivering care in the older adult population with TBI remains so difficult. The present "one-size-fits-all" approach to managing people with TBI frequently overlooks the unique concerns of the older adult. This study looks at the epidemiology of TBI in older persons and the factors that influence patient outcomes, concentrating on the implications of current knowledge and recommending opportunities for future research and therapeutic<sup>[1-5]</sup> investigation.

Age has long been recognised as an independent indicator of poor TBI prognosis. The method through which this happens is uncertain. Due to the inability of studies to identify useful clinical predictors of lesion formation, head CT scans are now suggested for all patients aged 65 and over who come with neurological symptoms and signs or a history of head trauma to aid in TBI diagnosis.

The mortality rate for older adults with moderate TBI is likewise significantly higher than that of their younger counterparts. Although a single study found that adults aged 60 and older with mild TBI had significantly higher functioning (P.05) on the Glasgow Outcome Scale (GOS) at 1 month post injury than younger people with mild TBI, significance was lost when job status was taken into account. Using global outcome measures such as the GOS and the Functional Independence Measure, investigations on impairment after TBI have found evidence that older adult TBI survivors are more dependent than younger survivors.

Consequently, older persons with TBI have lengthier hospital stays and are more likely to experience delayed neurological impairment. The expense of their care is much higher as a result of their prolonged hospital stays. These prolonged stays occur despite the fact that they had lower injury severity scores and higher mean GCS scores than their younger peers. When older patients with TBI are referred to inpatient rehabilitation institutions, they require lengthier stays, which increases costs. The trauma literature has provided more insight into the outcomes of elderly individuals with TBI. For each given injury, elder trauma patients required more medical and specialised consultations and experienced greater complications while hospitalised than their younger injured peers. The focus on early outcome time points (e.g., discharge) in currently available outcome studies in older adult patients with TBI is a limitation given that older adults demonstrate slower rates of functional change after recovery from TBI, this is an important consideration in future intervention and study design.

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